

2177

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 142	
County of <u>Gila</u>	District of <u>Wheatfields</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>near Globe</u>	City of <u>near Globe</u>	Co. Register No. 607	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>William Ernest Robinson</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } <input checked="" type="checkbox"/>	
Sex of Child <u>17</u>	Twin-Triplet or other <u>and</u>	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>
Date of Birth <u>Oct 12 1920</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Wm Ernest Robinson</u>		Full Maiden Name <u>Lucile Heard</u>	
Residence <u>Wheatfields - near Globe</u>		Residence <u>Wheatfields near Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>22</u> (Years)
Birthplace <u>Texas</u>		Birthplace <u>Texas</u>	
Occupation <u>Comptroller</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct 12 1920, at 3 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. H. Horst M. D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report 191

Address Globe Ariz

Filed 10/14 1920 B. G. Jap LOCAL REGISTRAR.

Filed 11-6 1920 B. G. Jap COUNTY REGISTRAR.

695-1012-384 COUNTY REGISTRAR.

A True Copy